## STATE OF TEXAS PURCHASE VOUCHER Page \_\_\_\_\_\_0

1. Archive reference number 2. Agency No. 4. Current document number 3. Agency Name TEXAS DEPARTMENT OF STATE HEALTH SERVICES 5. Effective date 6. DOC date 8. Doc Agency 537 9. Pavee identification number 10. PDT 11. PCC 12. Requisition number PO # 13. Document amount 14. Payee name/address 15. GSC order number 17. AGENCY USE FUND \_\_\_\_ BUDGET \_\_\_\_ CAT. \_\_\_\_ SERV DATE 16. Lease number General or Program \_\_\_ Activity Code Ref Doc SFX М TC Index PCA ΑY COBJ R 18. Amount SFX 001 NACUBO A PPN Grant Multipurpose code Fund Grant Project Project Contract number Sub-Fund number year/phase number phase Invoice number Description AGENCY USE 18 Ref Doc SFX М TC Index PCA AY COBJ AOBJ Amount R SFX 002 APPN NACUBO Contract number Multipurpose code Fund Grant Grant Project Project Sub-Fund year/phase phase AGENCY USE Invoice number Description PCA R Ref Doc SEX М TC ΑY COBJ A OB.I 18. Index Amount SFX 003 APPN NACUBO Grant Grant Project Project Contract number Multipurpose code Sub-Fund number year/phase phase Invoice number Description AGENCY USE 20. DESCRIPTION OF GOODS OR SERVICES 22. UNIT PRICE 23. AMOUNT SER/DEL QUANTI DATE Reimbursement for services as specified in the contract between the Monthly Expenses Texas Department of State Health Services and Less Adjustment Program: \_\_\_\_\_ Subtotal Contract Term: \_\_\_\_\_ thru \_\_\_\_\_ DSHS Doc # \_\_\_\_\_ Less Program Type of Entity: Income Less Non DSHS Comments/Adjustments: Funding Total Reimbursement 24. Contact name Phone (Area code and number) 25. Entered by 26. I approve this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. This payment complies with the General Appropriations Act. Approved Phone (Area code and number) Date sign here <